



Dear KRS Retiree:

Thank you for considering Delta Dental of Kentucky for your dental insurance needs. You can select the Delta Dental PPO plan or the Delta Dental Premier plan. You can also purchase the VSP vision plan with one of the Delta Dental plans and receive a rate discount.

The Delta Dental PPO plan has the lowest rates, and it has a participating dentist network around the state that includes 1,300+ dentists. The Delta Dental Premier plan costs a little more, but it has 1,900+ participating dentists around the state.

The enclosed materials will help explain the benefit options and the costs.

- Delta Dental Overview (Provides comparison of PPO and Premier benefits)
- Yes or No questions that will help you decide which plan is best for you.
(Located on the back of the Overview.)
- A Rate Sheet that gives the monthly and annual prices of the options available.
- Enrollment Form
- VSP Vision Plan Overview
- Delta Dental PPO and Delta Dental Premier participating dentist directories

Delta Dental is a Kentucky headquartered company, and the oldest and largest dental carrier in the state. If you have questions after reviewing this information, please call 1-800-971-4108.

Sincerely,

Delta Dental of Kentucky



KRS Retiree Individual and Family Plans

We offer two plans to meet your needs:

Delta Dental PPO

Delta Dental Premier

Thank you for your interest in the Delta Dental KRS Retiree Individual and Family Plan options. You will feel secure to have your dental coverage with the oldest and largest dental benefits company in Kentucky. Our knowledge and focus allow us to present an individual product that will meet your needs.

We recognize the importance of good dental health, even after you retire.

Highlights of the plans:

Delta Dental PPO

- You receive higher benefits for services provided by network dentists. There is limited coverage for services provided by out-of-network dentists.
- Delta Dental PPO participating providers will not be able to balance bill you over the allowed fee amount.
- Preventive and Diagnostic has no copayment or deductible and is paid at 100% in network.
- All claims will be filed by the network dentists.

Delta Dental Premier

- You can go to any licensed provider and the coverage is the same, but your out-of-pocket expenses will probably be lower when utilizing our Delta Dental Premier participating providers.
- Delta Dental Premier participating providers will not be able to balance bill you over the allowed fee amount.
- Preventive and Diagnostic has no copayment or deductible and is paid at 100% in network.
- All claims will be filed by the network dentists.

KRS Retiree Individual and Family Plan Options

Select the plan that best meets your needs...

What each plan pays:

This is partial list of covered services and is not a contract of insurance. Your coverage is subject to the limitations, exclusions, and other terms and conditions of the member certificate of insurance.

Preventive and Diagnostic

Exams (*initial, periodic, and emergency; limited to 2 in a benefit period*)
 Bitewing x-rays (*limited to 1 in a benefit period*)
 Full-mouth or panoramic (*limited to 1 in a 3 year period*)
 Cleanings (*limited to 2 in a benefit period*)
 Pulp Vitality Test
 Emergency Treatment (*relief of pain*)

Option 1 <i>Delta Dental PPO</i>		Option 2 <i>Delta Dental Premier</i>
Network (Percent of Allowable Amount)	Out-of-Network (Percent of Allowable Amount)	Network or any licensed provider (Percent of Allowable Amount)

100%	80%	100%
100%	80%	100%
100%	80%	100%
100%	80%	100%
100%	80%	100%
100%	80%	100%

Minor Services

Routine Fillings
 Stainless Steel Crown
 Sedative Filling (*relief of pain*)
 Pin Retention
 Crown Repair
 Root Canal and Pulp Therapy (*excluding final restoration*)
 Periodontal Procedures
 Simple denture repairs to an existing denture or partial
 Oral Surgery

50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%

Major Services - There is a 12-month waiting period on Major Services.

Crowns (*permanent; limited to once per tooth in 5 years*)
 Recement Crown
 Crown Build-up
 Periodontal Procedures
 Dentures (*complete and partial*)*
 Denture repairs for adding a tooth or clasp to an existing denture or partial*
 Bridges*

50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%
50%	40%	50%

***Replacement of teeth missing prior to the effective date of this plan is not covered.**

- **Policy is an annual contract.**
- **Deductibles:** No deductible for Preventive and Diagnostic Services. \$50 individual/\$150 family deductible per year for Minor and Major Services.
- Plan pays a maximum of \$1,000 per member, per year for covered services. Only the services listed above will be covered.
- Dependents covered through age 19; Full-time students covered through age 25.

This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of the member certificate. A complete description of covered services can be found in the member's certificate booklet.

Special offer!

Choose BOTH a Delta Dental plan and the VSP vision plan...

Delta Dental and VSP are working together to give you the best value you can find! Please see the enclosed VSP benefit summary for details of the vision plan benefits.



**To enroll, please complete the enrollment form and include payment in the envelope provided.
 For additional information, call: 1-800-971-4108**



Delta Dental PPO or Delta Dental Premier...
How do I choose which plan is best for me and my family?

Do you have an established relationship with a specific dentist that is important to you and your family?

↓
YES

Is your dentist in the Delta Dental PPO network?

↓
YES

We recommend you select the **Delta Dental PPO Plan**. Since your dentist is in our network and the premiums are the lowest we offer, this is your best choice.

Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

↓
NO

We recommend you join the **Delta Dental Premier Plan**. You can go to any licensed dentist with full coverage under the Premier Plan, and with 86% of all Kentucky dentists participating in the Premier Plan, there is a good chance you will be protected from balance billing.

↓
NO

Is there a Delta Dental PPO general dentist convenient to where you live?

↓
YES

We recommend you select the **Delta Dental PPO Plan** since the premiums are the lowest we offer and you can choose a credentialed PPO network dentist convenient to your home. Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

↓
NO

We recommend you join the **Delta Dental Premier Plan** since 86% of all practicing dentists in Kentucky are in this plan. You should be able to find a dentist convenient to your home. Plus, you can go to any licensed dentist in Kentucky without reduced benefits.

In summary, the Delta Dental PPO plan has the lowest rates, but the Delta Dental Premier plan has the largest selection of dentists.

What is most important to you?

**For additional information,
call the Delta Dental Customer Service Department at 1-800-971-4108.**

How to find a Delta Dental participating provider

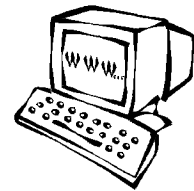
First, determine the Delta Dental plan(s) you are looking at for your dental benefits.

- ▶ **Delta Dental PPO** – In-network benefits are available through providers who participate in the Delta Dental PPO network. (See your benefit summary for specific coverage levels by network.)
- ▶ **Delta Dental Premier** – In-network benefits are available through providers who participate in the Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

Second, choose one of the following methods to identify a participating provider who is in your plan:

Internet

If you have access to the Internet, you may use our website (www.deltadentalky.com or www.individualaccountmanager.com) and request the information by city, state, zip code, provider's name or specialty.



Customer Service

You may call a Delta Dental customer service representative at the 1-800-971-4108 and ask if your provider is participating in the network associated with the plan that you have chosen.



Call Your Provider

You should call your provider's office and ask if he/she participates in the network associated with the plan that you have chosen.

It is important that you verify a provider's status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.





KRS Retiree Individual and Family Plan Rate Sheet



Rates for effective dates of 8-1-2014 through 7-31-2015

Monthly Premium *(Bank Draft or Credit Card)*

Contract Type	Option 1 Delta Dental PPO Monthly Premium	Option 1V Delta Dental PPO Plus VSP Vision Monthly Premium	Option 2 Delta Dental Premier Monthly Premium	Option 2V Delta Dental Premier Plus VSP Vision Monthly Premium
Retiree	\$25.19	\$31.72	\$32.41	\$38.94
Retiree Plus One Dependent	\$48.35	\$61.42	\$62.22	\$75.29
Retiree Plus Two or More Dependents	\$83.14	\$98.41	\$106.94	\$122.21

Annual Premium *(Check, Money Order, or Credit Card)*

Contract Type	Option 1 Delta Dental PPO Annual Premium	Option 1V Delta Dental PPO Plus VSP Vision Annual Premium	Option 2 Delta Dental Premier Annual Premium	Option 2V Delta Dental Premier Plus VSP Vision Annual Premium
Retiree	\$302.28	\$380.64	\$388.92	\$467.28
Retiree Plus One Dependent	\$580.20	\$737.04	\$746.64	\$903.48
Retiree Plus Two or More Dependents	\$997.68	\$1,180.92	\$1,283.28	\$1,466.52

Applications received by the end of the month will be effective the first of the following month.



KRS Retirees Enrollment Form



Please select the plan in which you would like to enroll.

- ☐ *Option 1 – Delta Dental PPO - Dental Coverage Only*
- ☐ *Option 1V – Delta Dental PPO - Dental Coverage with VSP Vision Plan Included*
- ☐ *Option 2 – Delta Dental Premier - Dental Coverage Only*
- ☐ *Option 2V – Delta Dental Premier - Dental Coverage with VSP Vision Plan Included*

Please complete the information below. You must be a Kentucky resident to enroll.

Social Security Number		Name – Last		First	MI	Home Phone ()	
Sex (Circle one) M or F	Date of Birth MO DAY YR		Home Address – Number and Street		City	State KY	Zip

Check the type of contract and list all covered dependents below, if applicable:

- ☐ Retiree Only ☐ Retiree Plus One Dependent ☐ Retiree Plus Two or More Dependents

COVERED DEPENDENTS List all Covered Dependents below. If additional space is required, attach a list to this form.

Last	First	MI	SSN	Date of Birth			Sex	
				MO	DAY	YR	M	F
Spouse								
Dependent								
Dependent								
Dependent								
Dependent								

Dependents covered through the end of the year in which they turn age 24.

Please select one of the three payment methods below. Please provide all necessary information.

1. ☐ Credit Card – ☐ Annual ☐ Monthly
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____

Expiration Date _____

Signature _____

2. ☐ Paper Check or Money Order – Annual premium only
(Please include your check or money order with this form.)

3. ☐ Bank Draft – Monthly premium only

- A) Please complete the enclosed "Did You Know?" authorization form or send a voided check with this form in order to accurately establish your new withdrawal. The draft process will originate from our office on the 5th of each month and should reach your account for processing within three working days.
- B) Monthly bank drafts will remain in full force and effective until Delta Dental of Kentucky and your bank (depository) have received written notification from you of termination and in such time and in such manner as to afford the depository a reasonable time to act on it.

Please carefully read the Contract Provisions on the back of this form. Signature required.

Please carefully read the Contract Provisions below. Signature required.

KRS Retirees Contract Provisions

IMPORTANT: If you do not want the contract for any reason, you may return it to us within 10 days after you receive it. Upon return, the contract will be deemed void, and any money you have paid will be refunded. This is an annual contract. If you have elected the annual payment option, you may not terminate this contract prior to the end of the term. If you have elected the monthly payment option and we do not receive your premium within 30 days of the date the premium is due, your contract will be cancelled effective the due date of your premium, whether or not a specific condition was incurred prior to the termination date. Your Covered Dependents will terminate on your termination date. Covered Services are eligible for payment only if your contract is in effect at the time such services are provided.

I acknowledge that I have read the provisions of this enrollment form and I expressly accept such provisions as a condition of coverage. I understand that my membership is for a 12-month period and on my anniversary date I can renew or cancel or change how I pay my premium. I represent the answers given to all questions on this form are true and accurate to the best of my knowledge and I understand they are being relied on by Delta Dental of Kentucky, Inc. in accepting this form. Any material misrepresentation found in this application may result in denial of benefits or cancellation of my coverage(s). Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. If accepted, this form, the dental contract, and the identification card will constitute the contract.

Applicant Signature _____ Date _____

Please make a copy for your records and return original with payment to:

***Delta Dental of Kentucky, Inc.
32165 Collection Center Drive
Chicago, IL 60693-0321***

SHADED AREA FOR OFFICE USE ONLY

Effective Date	Process Date	Processed By
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DID YOU KNOW?

Delta Dental can automatically debit your monthly payment from a checking account, no more writing or mailing checks!

If you would like to be set up for the automatic debit process, please fill out the form below and mail it with your enrollment form.

The diagram shows a check from Jane Doe, 1234 Main St, Apt 101, Lenexa, KS 66215. The check is payable to the order of 'Your Bank' at the same address. The MICR line at the bottom is ⑆123456789⑆ ⑆1234567⑆ 1001. Below the MICR line, three boxes are shown: 'Bank Routing Number' (123456789), 'Bank Account Number' (1234567), and 'Check #' (1001). The 'Check #' box is circled in red with a diagonal line through it, indicating it should not be used for automatic debit.

Bank Name:

☐ Checking Account:

Bank Routing Number

Bank Account Number

I hereby authorize Delta Dental, subsidiaries, and affiliates to initiate automatic withdrawals (ACH) from the account indicated above. This authorization will remain in effect until Delta Dental has received written notification from me of its termination and/or my payment obligation has been satisfied. I understand that I am responsible for any fees incurred due to my payment being rejected for processing by my bank.

Customer Name: *(please print)*

Telephone Number:

Account Holder's Signature:

Date:



Enroll in VSP® Vision Care and Delta Dental today.

Why enroll in a VSP Vision Care plan? We'll help keep you and your eyes healthy. Plus, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

Personalized Care. You'll get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a VSP doctor. They'll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eyecare and eyewear from a VSP doctor, or we'll make it right.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.7195.

Value and Savings. You'll get great benefits on your exam and eyewear at an affordable price.

	Without VSP*	With VSP
Eye Exam	\$114	\$10 Copay
Frame	\$150	\$20 Copay
Lined Bifocal Lenses	\$106	
Progressive Lenses	\$146	\$116
Polycarbonate Lenses	\$60	\$0
Retiree-only Annual Rate	N/A	\$78.36
Total	\$576.00	\$224.36

* Comparison based on national averages for comprehensive eye exams and most commonly purchased brands.

Enroll today. You'll be glad you did.
Contact us. vsp.com | 800.877.7195

VSP coverage effective 8/1/13
JOB#5015CM 9/10

Average
Annual Savings
\$352.00
with a VSP
Doctor

Your VSP Vision Benefits Summary

VSP Coverage Effective..... August 1, 2013

Your Coverage with a VSP Choice Network Doctor

WellVision Exam focuses on your eye health and overall wellness

• **\$10.00** copay every 12 months

Prescription Glasses

• **\$20.00** copay

Lenses..... every 12 months

• Single vision, lined bifocal, and lined trifocal lenses

• Polycarbonate lenses covered in full

Frame..... every 24 months

• **\$180.00** allowance for frame of your choice

• 20% off the amount over your allowance.

~OR~

Contacts (instead of glasses).....every 12 months

• Up to **\$60.00** copay for your contact lens exam (fitting and evaluation)

• **\$150.00** allowance for contacts

Discounts and Savings at a Choice Network Doctor

Glasses and Sunglasses

• 20% off lens options like progressives and scratch-resistant and anti-reflective coatings

• 20% off additional glasses and sunglasses, including lens options*

Contacts

• 15% off cost of contact lens exam (fitting and evaluation)*

Laser Vision Correction

• Average 15% off the regular price or 5% off the promotional price from contracted facilities

*Available from any VSP doctor within 12 months of your last eye exam

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam	Up to \$45
Single vision lenses.....	Up to \$30
Lined bifocal lenses.....	Up to \$50
Lined trifocal lenses	Up to \$65
Frame.....	Up to \$70
Contacts	Up to \$105

Enrollment and Contact Information

For enrollment and payment information on the vision and dental combo plan:

• Visit www.individualaccountmanager.com or call Delta Dental at 800.971.4108.

For information about VSP benefits:

• Visit vsp.com/choice or call VSP Member Services at 800.877.7195.



VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Good health starts with a healthy smile.

Congratulations! Your Delta Dental coverage has been enhanced to keep you healthy, happy, and active. Your plan now provides enhanced coverage for enrollees with certain high-risk medical conditions. These benefits will help you better manage your oral and overall health. Keep reading to learn more about your benefits!

A healthy smile makes you feel good all over.

Enhanced coverage for at-risk conditions

Scientific research shows that oral health can have a significant impact on specific medical conditions. Because of this connection, your new coverage includes up to four routine teeth cleanings (prophylaxes) or periodontal maintenance cleanings per benefit period (rather than the standard two) for people with the following at-risk conditions:

- **Diabetes and periodontal (gum) disease**

Diabetes is the sixth leading cause of death in the United States. It can lead to serious health complications, such as blindness, kidney failure, heart disease, stroke, nervous system disease, amputations, and pregnancy complications. Several studies suggest that diabetics with gum disease who have their teeth cleaned professionally can better manage their diabetes. And better management of diabetes has proven to be one of the best ways to prevent further complications.

- **Pregnancy and periodontal (gum) disease**

Some studies have shown that women with gum disease may be up to 7 1/2 times more likely to have a pregnancy complication. Clinical studies of pregnant women with gum disease strongly suggest that more frequent professional teeth cleanings will benefit the health of both the baby and the mother.

(Note: Scientific evidence to date does not support providing this benefit to all pregnant women—only women with periodontal (gum) disease.)

- **Individuals at risk for infective endocarditis**

Scientific research indicates that an individual's overall oral health may be the most important factor in avoiding infective endocarditis, a serious heart infection with a 20 percent mortality rate. More frequent cleanings for those with certain heart conditions can greatly reduce their risk of contracting this potentially deadly infection.

Conditions include:

- A history of infective endocarditis
- Certain congenital heart defects (such as having one ventricle instead of the normal two)
- Individuals with artificial heart valves
- Heart valve defects caused by acquired conditions like rheumatic heart disease

- Hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle
- Individuals with pulmonary shunts or conduits
- Mitral valve prolapse with regurgitation (blood leakage)

- **Other at-risk conditions**

Infections in the mouth can increase the risk of serious infections elsewhere in the body. This risk is highest for people who have certain medical conditions, including people with kidney failure or who are undergoing dialysis, or for those whose immune systems are weakened due to chemotherapy and/or radiation, HIV positive status, organ transplant and/or stem cell (bone marrow) transplant. Because a common side effect of head and neck radiation is an increase in cavities and other oral problems, people who are undergoing these treatments will also have coverage for up to two fluoride treatments per benefit period.

If you have one or more of the conditions listed above, ask your dentist and physician how you can better manage your oral health to prevent infection and improve your condition. **Keep in mind, the timing of your treatment can be critically important. Your dentist and physician can help you make the best treatment decisions at the most appropriate time, based on your health and history.**

A healthy smile, a healthy life

Good oral health is an important part of overall health and quality of life. Daily brushing and flossing, and regular visits to your dentist will help you keep your mouth healthy. And the benefits added to your Delta Dental plan will help you keep your whole body healthy, too. Brush up for your smile—and for your health!

Scientific research leads to new benefits

Delta Dental closely monitors oral health-related scientific studies and technology through our Research and Data Institute. We use this information to enhance our plan designs in ways that improve your health and save you money.

Questions?

Please call Delta Dental of Kentucky's Customer Service department at (800) 955-2030, or visit our website at www.deltadentalky.com.

Healthy Mouth, Healthy Body Enrollment Form

Enrolling in the Healthy Mouth, Healthy Body program will help you manage your oral and overall health! Scientific research shows that oral health can have a significant impact on special medical conditions.

Once enrolled, you will be eligible for two additional cleanings (or periodontal maintenance procedures if you have a history of periodontal surgery) — regardless of your plan's normal frequency limits.

ENROLLING IS AS EASY AS IMPROVING YOUR SMILE.

Complete the form below, including your physician's name and signature.

Mail or fax the completed form to Delta Dental of Kentucky:

Delta Dental of Kentucky
ATTN: Healthy Mouth, Healthy Body
PO Box 242810, Louisville, KY 40224-2810
Fax: 877-664-3576

You will be enrolled in Delta Dental of Kentucky's Healthy Mouth, Healthy Body program when your completed enrollment form is received by us. Questions? For more information, please call our Customer Service Department at 800.955.2030.

Healthy Mouth, Healthy Body Enrollment Form

Enrollee name: _____

Subscriber name: _____

Subscriber ID number: _____ Group (plan) number: _____

Group name: _____

Condition (please check one):

- ☐ Pregnancy - Due Date: _____
- ☐ Diabetes - Diagnosis Date: _____
- ☐ Renal Failure/Dialysis - Diagnosis Date: _____
- ☐ Suppressed Immune System - Diagnosis Date: _____
- ☐ Head/Neck Radiation - Diagnosis Date: _____
- ☐ Infective Endocarditis - Diagnosis Date: _____

Enrollee signature: _____

Physician name: _____

Physician signature: _____ Date: _____



*Please make a copy of your completed enrollment form for your records
and return original with payment to:*

Delta Dental of Kentucky, Inc.
32165 Collection Center Drive
Chicago, IL 60693-0321

Once enrolled, you can call our Customer Service department at 800.971.4108
or visit our website at www.individualaccountmanager.com for benefit information.

Thank you for choosing Delta Dental as your dental benefits carrier!